

EXHIBIT 12



After Recording Return To:
Mail Tax Notices To:
Benjamin W. Zimmer
[REDACTED]

File Number: 24-24230-KMH
Parcel ID: [REDACTED]

Warranty Deed

Know All Men By These Presents that , **Benjamin William Zimmer and Lauren Renee Zimmer, Trustees of The Zimmer Family Trust dated November 18, 2020.**, (henceforth referred to as "Grantor") of [REDACTED], for Ten Dollars (\$10.00) and Other Good and Valuable consideration paid, grant to **Benjamin W. Zimmer, a married man**, (henceforth referred to as "Grantee") of 1 [REDACTED], with
WARRANTY COVENANTS:

Property 1:

[REDACTED], according to the official plat thereof, recorded in the office of the County Recorder of Utah County, Utah.

Tax Parcel #: [REDACTED]

Subject to current general taxes, easements, restrictions, rights of way and reservations appearing of record.

(This space left blank intentionally)

In Witness Whereof, the said, **Grantor**, hereunto set by hands and seals this 6th day of December, 2024.

The Zimmer Family Trust dated November 18, 2020



Benjamin William Zimmer, Trustee

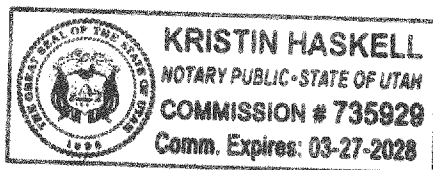


Lauren Renee Zimmer, Trustee

STATE OF UTAH
COUNTY OF UTAH

On this 6th day of December, 2024, before me Kristin Haskell, a notary public, personally appeared Benjamin William Zimmer and ~~Lauren Renee Zimmer~~, Trustees of The Zimmer Family Trust dated November 18, 2020, proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged he/she/they executed the same.

Witness my hand and official seal


Notary Public

WARRANTY DEED

STATE OF UTAH
COUNTY OF UTAH

On this ^{7th}~~6th~~ day of December, 2024, before me Kristin Haskell, a notary public, personally appeared Lauren Renee Zimmer, Trustee of The Zimmer Family Trust dated November 18, 2020, proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged he/she/they executed the same.

Witness my hand and official seal


Notary Public





ENT 86535:2024 PG 1 of 2
ANDREA ALLEN
UTAH COUNTY RECORDER
2024 Dec 09 03:55 PM FEE 40.00 BY LM
RECORDED FOR Real Advantage Title Insura
ELECTRONICALLY RECORDED

After Recording Return To:
Mail Tax Notices To:
Benjamin W. Zimmer

File Number: 24-24230-KMH
Parcel ID: [REDACTED]

Warranty Deed

Know All Men By These Presents that , **Benjamin W. Zimmer, a married man**, (henceforth referred to as "Grantor") of **Alpine, UT**, for Ten Dollars (\$10.00) and Other Good and Valuable consideration paid, grant to **Michael R Cahill, as Trustee of the General Holdings Trust dated September 11, 2020**, (henceforth referred to as "Grantee") of **7371 Prairie Falcon Road, Las Vegas, NV 89128**, with **WARRANTY COVENANTS**:

Property 1:

[REDACTED], according to the official plat thereof, recorded in the office of the County Recorder of Utah County, Utah.

Tax Parcel #: [REDACTED]

Subject to current general taxes, easements, restrictions, rights of way and reservations appearing of record.

(This space left blank intentionally)

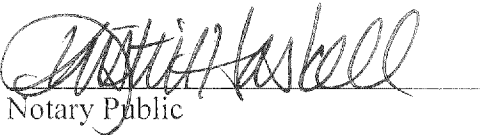
In Witness Whereof, the said, **Grantor**, hereunto set by hands and seals this 6th day of December, 2024.

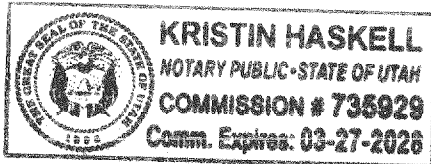

Benjamin W. Zimmer

STATE OF UTAH
COUNTY OF UTAH

On this 6th day of December, 2024, before me Kristin Haskell, a notary public, personally appeared Benjamin W. Zimmer, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged he executed the same.

Witness my hand and official seal


Notary Public



WARRANTY DEED

EXHIBIT 13



Russel Marsh <kirkrussel@gmail.com>

Health insurance for [REDACTED]

4 messages

Lauren Zimmer [REDACTED]

Wed, Jan 27, 2021 at 3:46 PM

To: Russel <kirkrussel@gmail.com>

Hi Russ,

I want to update you on the girls' health insurance. For the last (almost) 3 years, the girls have been covered by Medicaid. This has covered all their health and dental appointments, as well as prescriptions.

Starting February 1, 2021, the girls will no longer be covered by Medicaid. They will be on a private Select Health group insurance plan that covers me, Ben, [REDACTED] Ben's two daughters. We have a high deductible plan, and as such, have a very favorable monthly premium for all 7 individuals.

Our supplemental decree of divorce outlines the plan for sharing medical and dental insurance costs in paragraph 9:

"The order shall require each parent to share equally the out-of-pocket costs of the premium actually paid by a parent for the child's portion of insurance unless the court finds good cause to order otherwise.

The parent who provides the insurance coverage may receive credit against the base child support award or recover the other parent's share of the child's portion of the premium. If the parent does not have insurance but another member of the parent's household provides insurance coverage for the child, the parent may receive credit against the base child support award or recover the other parent's share of the child's portion of the premium.

The child's portion of the premium is a per capita share of the premium actually paid. The premium expense for a child shall be calculated by dividing the premium amount by the number of persons covered under the policy and multiplying the result by the number of children in the instant case."

To go through the numbers, the monthly premium total is \$1099.64.

Divided by 7, it breaks down to \$157.09 per person.

Multiplied x3 (for [REDACTED]) it equals \$471.27.

We are to divide that cost equally, which comes to \$235.63 per month for each of us.

The premiums are due monthly on the 1st. Starting February 1, please include the \$235.63 with your monthly child support payments.

Please let me know if you have additional questions.

Sincerely,
Lauren

Russel <kirkrussel@gmail.com>

Thu, Jan 28, 2021 at 9:22 AM

To: Lauren Zimmer [REDACTED]

Bcc: "D. Michael Nielsen" <dmnlaw@q.com>, Kirk Marsh <kirk.d.marsh@gmail.com>

Hi, Lauren,

Thank you for the update. Before addressing your insurance payment request, I would like to touch base again about my prior emails.



Russel Marsh <kirkrussel@gmail.com>

Health insurance info

2 messages

Lauren Zimme [REDACTED]
To: Russel <kirkrussel@gmail.com>

Tue, Feb 2, 2021 at 11:55 AM

Hi Russ,

Here is a copy of the receipt from February's health insurance payment.

In my email on January 28, I incorrectly told you the deductibles were per person. I misunderstood the policy. In reality there is just one family deductible of \$13,800. I hope that information is helpful.

Sincerely,
Lauren



Hi Benjamin,

Your **\$1,099.64** payment to **SelectHealth** has been approved. Thank you.

SelectHealth
5381 S Green Street
Murray, UT 84123

Transaction Information

Transaction Date:	February 1, 2021
Response Message:	Approval (00)
Response Code:	000
Card Type:	VISA
Card Holder Name:	Benjamin Zimmer
Card Number:	*****
Auth Amount:	\$1,099.64

Your payment of \$1,099.64 on 2/1/2021 was APPROVED

This message is for informational purposes only. Please do not reply to this email.

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[1880 John F Kennedy Blvd., Philadelphia, PA 19103](#)

Russel <kirkussel@gmail.com>

Wed, Feb 3, 2021 at 3:34 PM

To: Lauren Zimmer [REDACTED]

Lauren,

Thank you for forwarding that information. I also need to see a summary of what the plan covers, what out of pocket expenses are required, any applicable copayments or coinsurance, etc.

While I appreciate your finding a plan for the girls, quite frankly this plan is very high. \$13,800 is the highest possible deductible allowed by law, and the premium is more in line with a much better deductible. I will try to find insurance for our girls at a more affordable rate.

Russ

[Quoted text hidden]

Please do not send payments to this address.

Benjamin Zimmer
[REDACTED]
[REDACTED]

11/05/2024
166496735
Internal Purposes: RM04

Your Monthly Premium Invoice

Your premium payment is due by November 30, 2024. If you've already sent us your full premium payment, please disregard this notice. If you don't pay your premium, this will affect your coverage as of December 01, 2024. Your payment details are the following:

ACCOUNT SUMMARY				
Previous Balance:	\$	525.24	Due Date:	11/30/2024
Payments:	\$	(721.37)	Plan Name:	Bronze 2 HSA: Aetna network of doctors & hospitals + MinuteClinic + Virtual Care 24/7
(Credit Balance):	\$	(-196.13)	Member ID:	101919425600
Current Premiums:	\$	1344.37	Exchange ID:	0002737662
Adjustments:	\$	0.00	Invoice:	24310466151
APTC:	\$	(623.00)	Invoice Date:	11/05/2024
TOTAL AMOUNT DUE:	\$	525.24	Bill Period:	12/01/2024 - 12/31/2024
Balance Forward:	\$	525.24		

Health plans are offered or underwritten or administered by Aetna Health of California Inc., Aetna Health Inc. (Florida), Aetna Health Inc. (Georgia), Aetna Life Insurance Company, Aetna Health of Utah Inc., Aetna Health Inc. (Pennsylvania), or Aetna Health Inc. (Texas) (Aetna). Aetna is part of the CVS Health® family of companies.

Your Monthly Member Detail

Subscriber/Dependent	Exchange ID	Premium	APTC
(S) Zimmer, Benjamin	0002737662	\$436.36	\$623.00
(D) Zimmer, Caroline	0003159069	\$0.00	\$623.00
(D) Zimmer, Mathilda	0002964862	\$0.00	\$623.00
(D) Zimmer, Vera	0002812648	\$190.34	\$623.00
(D) Marsh, Isla	0002777564	\$190.34	\$623.00
(D) Marsh, Natalie	0002356927	\$190.34	\$623.00
(D) Zimmer, Lauren	0002821361	\$336.99	\$623.00
(D) Zimmer, Jacob	0002946891	\$0.00	\$623.00
(D) Marsh, Isabelle	0003332249	\$0.00	\$623.00

Payment Options

- Make a payment by calling **1-844-365-7373 (TTY: 711)**
- Pay by check. Detach and return the portion below with your payment to the address noted below. Please make checks payable to **Aetna CVS Health®**
- Pay online using a credit/debit card or a bank withdrawal by logging into **AetnaCVSHealth.com/payment**
- Pay at any CVS location, excluding CVS at Target, using the barcode below.
- Pay using the QR code below:



What happens if I don't make a payment?

If you fail to pay your premiums when due, you'll lose your insurance coverage. You won't be able to enroll in another health plan until there is a new open enrollment or you experience a qualifying event. And you'll be responsible to pay for medical claims that occur after your coverage ends.

What happens if I pay late?

Premium payments are due in advance, on a calendar month basis. Monthly payments are due before the first day of each month for coverage effective during that month. This means that if any required premium isn't paid before the date it is due, the policy will be subject to a grace period. Refer to your member handbook for details on the grace period that applies to you. During the grace period the policy will stay in force. However, claims may pend for covered services provided to you during the grace period. We'll notify you, as well as providers, of the non-payment of premiums and the possibility of denied claims, if permitted by law, when you're in the grace period.

We're here to help

If you have any questions, please call us at **1-844-365-7373 (TTY: 711)**. We're here Monday through Friday from 8 AM - 6 PM local time.

RETURN THIS WITH PAYMENT

Total Amount Due: **\$525.24**
Exchange ID: 0002737662
System ID: 69292896
Payment Due By: **11/30/2024**
Invoice: 24310466151
Invoice Date: 11/05/2024
Bill Period: 12/01/2024 - 12/31/2024
Enrollment Type: I



SEND PAYMENT TO:

Aetna CVS Health
PO Box 842920
Dallas, TX 75284-2920

000000069292896000005252419

-----Cut Here-----Do Not Staple-----Cut Here-----Do Not Staple-----Cut Here-----Do Not Staple-----Cut Here-----Do Not Staple-----Cut

Pay at the store

Take this payment slip to any CVS Pharmacy® retail location to take advantage of our complimentary cash or credit/debit card payment service.

By accepting or using this barcode to make a payment, you agree to the full terms and conditions, available at www.vanilladirect.com/pay/terms.

Have the cashier scan your barcode. Tell the cashier the amount you would like to load to your account, between \$1 and \$999/day. After successful payment using this barcode, you may retrieve your full detailed e-receipt at www.vanilladirect.com/pay/ereceipt.

Note: This service is not available at CVS Pharmacy Target®. **VanillaDirect Pay is provided by InComm Financial Services, Inc., which is licensed as a Money Transmitter by the New York State Department of Financial Services. NMLS ID # 912772.**



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EXHIBIT 14

Kristy Hanson (9680)
Lesley Johnson (16017)
MACARTHUR HEDER & METLER, PLLC
Attorneys for Lauren Marsh Zimmer
Riverwoods Business Park
4844 North 300 West, 3rd Floor
Provo, Utah 84604
Telephone: 801-377-1900
Facsimile: 801-377-1901
Email: kristy@mhmlawoffices.com
lesley@mhmlawoffices.com

**IN THE SECOND JUDICIAL DISTRICT COURT
DAVIS COUNTY, STATE OF UTAH, FARMINGTON DEPARTMENT**

In the matter of the marriage of:

LAUREN R. MARSH,

and

KIRK RUSSEL MARSH.

FINANCIAL DECLARATION

Civil No.: **184701031**

Judge: **Michael Edwards**

Commissioner: **Christina Wilson**

You must fully and accurately disclose all assets and income in this document and provide attachments. If you fail to disclose all assets and income, you could be subject to sanctions under Utah Rule of Civil Procedure 37. Sanctions can include an award of non-disclosed assets to the other party, attorney's fees or other sanctions.

1. I am providing this form to the other party and (Choose one.):

☐ I **am not filing the Financial Declaration with the court** because a hearing about child support, spousal support, property, debts, attorney fees and court costs is not scheduled, or because the court has not ordered me to file it.

I am filing the separate Certificate of Service of Financial Declaration.

☒ I **am filing the Financial Declaration with the court** because a hearing about child support, spousal support, property, debts, attorney fees and court costs is scheduled, or the court has ordered me to file it.

I am also filing the separate Certificate of Service of Financial Declaration.

2. I am attaching the following documents, if available:

Tax returns. For the last year before the petition was filed:

☐ Attached
☐ Not attached
☒ Doesn't apply

• federal and state income tax returns – personal and for any entities in which I have a majority or controlling interest • all documents used to prepare the tax returns	
Pay stubs or other proof of income. For the 3 months before the petition was filed (or 6 months of back statements for self employment): • pay stubs • other proof of all earned and un-earned income	☐ Attached ☐ Not attached ☒ Doesn't apply

☒ I marked some documents above as “not attached” because:

Document	Reason
Taxes	I have no personal income. My tax returns reflect my husband's income which is not relevant in this modification case.
Proof of Income	I have no personal income.

3. **Employment:** (You must attach proof of amounts listed. If the proof is not available, estimate the amount and explain how you reached that amount.)

☒ I am unemployed because:

I am a homemaker.

4. **Gross Monthly Income:** (You must attach proof of amounts listed. If the proof is not available, estimate the amount and explain how you reached that amount.)

☐ I have the following monthly income before tax deductions:
 (Print your pre-tax income in the boxes below. For income that changes from month to month, calculate the annual total and divide it by 12 months to list a monthly average.)

Source of income	Monthly amount
Work (Including self-employment, wages, salaries, commissions, bonuses, tips and overtime)	\$
Rental income	\$
Business income	\$
Interest	\$
Dividends	\$
Retirement income (Including pensions, 401(k), IRA, etc.)	\$
Worker's compensation	\$
Private disability insurance	\$
Social Security Disability Income (SSDI)	\$

Source of income	Monthly amount
Supplemental Security Income (SSI)	\$
Social Security (Other than SSDI or SSI)	\$
Unemployment benefits	\$
Education benefits (Including grants, loans, cash scholarships, etc.)	\$
Veteran's benefits	\$
Alimony	\$
Child support	\$
Payments from civil litigation	\$
Victim restitution	\$
Public assistance (Including AFDC, FEP, TANF, welfare, etc.)	\$
Financial support from household members	\$
Financial support from non-household members	\$
Trust income	\$
Annuity income	\$
Other (Describe)	\$
Other (Describe)	\$
Total gross monthly income	\$ 0.00

☒ I have no income because:

I am a homemaker.

5. **Monthly Tax Deductions:** (You must attach proof of amounts listed. If the proof is not available, estimate the amount and explain how you reached that amount.)

☐ I have no monthly tax deductions because I have no income.

☒ I have the following monthly tax deductions.

Type of tax deduction	Amount
Federal income tax	\$
State income tax	\$
Municipal income tax	\$
FICA	\$
Medicare	\$
Total monthly tax deductions	\$ 0.00

6. **After Tax Income**

☐ My monthly income is:

\$ _____

Gross monthly income from section 4

- \$ _____

Minus monthly tax deductions from section 5

= \$ _____

Equals after-tax monthly income

☒ I have no income.

Warning

If you do not fully disclose all assets and income in this document and provide attachments you could be subject to sanctions under Utah Rule of Civil Procedure 37.

Sanctions can include an award of non-disclosed assets to the other party, attorney's fees or other sanctions.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at **Provo Utah** (city, and state or country).

4/7/2025

Date

Signature ► Lauren Zimmer (signed with email permission)

Printed Name LAUREN ZIMMER